

University of Toledo – Department of Art Minor Consent Form

(Browser note: If this form is not fillable, view in Adobe Acrobat or print out and fill out by hand)

Print Student Participant Name _____ Age* _____

Print Parent/Guardian's Name _____

UT Department of Art Event Name: _____

Date(s) of Event: _____

***IF YOU ARE UNDER 18:** Parental permission & emergency medical treatment consent is required. Please complete this form, and fax/mail with your parent or guardian's signature. (See contact info at bottom of this form). You will NOT be admitted to the event without a signed form.

The undersigned, in partial consideration for the participation of his/her child in the event understands the risks inherent in such activity, which may include bodily injury or property damage. The undersigned does hereby agree to indemnify and save harmless the University of Toledo, employees, and any students acting as employees (Releasees) from all claims or demands whatsoever arising from injuries or property damage resulting from the participation of his/her child in the above-mentioned activity, including but not limited to negligence of said employees or agents. The undersigned certifies the child can safely participate in the event, with or without accommodations.

Parent/Guardian's Initials: _____

PHOTOGRAPHY/VIDEO RELEASE: I hereby authorize the University and those acting pursuant to its authority to record my child's likeness and voice in any medium, use my child's name in connection with these recordings, and use, reproduce, exhibit, or distribute in any medium these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts. I release the University from liability for any violation of any personal or proprietary right my child or I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

Parent/Guardian's Initials: _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: (Parent named above will be contacted first.)

Name: _____

Relationship to participant: _____ Phone(s): _____

EMERGENCY MEDICAL CONSENT: Your signature as a parent or guardian below grants your permission for a qualified physician and/or hospital emergency room to administer necessary healthcare to your child in the case of an accident or emergency. This permission includes admission to area hospitals if necessary. You acknowledge that such care shall be subject to the terms of this Agreement. You understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Name of Health Insurance Provider _____ ID # _____

Group/Policy # _____



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School of Visual and Performing Arts

Child's Physician: _____

Address: _____ Phone No: _____

Hospital Preference: _____ or nearest.

Does your child have any of the following?

Illness(es) _____ Yes _____ No

Special Conditions _____ Yes _____ No

Behavioral Issues _____ Yes _____ No

Allergies (list all known allergies below, even if you think they are not applicable) _____ Yes _____ No

Medications to be taken during the workshop _____ Yes _____ No

If yes, please explain:

If accessibility accommodations are required, please contact the Art Department secretary in advance at 419.530.8303.

Signature of Parent/Guardian (**required for participation of child**)

Date

Fax Completed Form to: (419) 530-8337; **OR**

Mail Completed Form to:

Department of Art, University of Toledo, 2801 W Bancroft St., MS 214, Toledo, OH 43606



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